

Introduction

In the spring of 2005, the Nevada Department of Education conducted its seventh statewide administration of the Youth Risk Behavior Survey (YRBS) as part of the United States Centers for Disease Control and Prevention (CDC) Youth Risk Behavior Surveillance System. The CDC uses this epidemiological surveillance system to measure the prevalence of six priority health-risk behaviors among youth and to monitor progress toward achieving relevant national health objectives for the year 2010.

YRBS Development

Development of the YRBS began in 1988 when the CDC examined the leading causes of morbidity and mortality among youth and adults. They found that for adolescents and young adults nearly 70 percent of all deaths and considerable acute and chronic morbidity stem from only four causes: motor vehicle crashes, other unintentional injuries, homicides, and suicides. In addition, significant morbidity and social problems result from the more than one million teenage girls who become pregnant each year, and significant morbidity results from the more than 10 million new cases of sexually transmitted diseases (STDs) that occur annually among people aged 15-29 and from the growing number of AIDS cases among adolescents that have made AIDS the sixth leading cause of death for youth aged 15-24.

This study suggests that a relatively small number of preventable behaviors, such as drinking alcohol and driving, failing to wear seat belts, and engaging in unprotected intercourse, contribute greatly to the causes of morbidity and mortality among youth and young adults. These behaviors are usually established during youth, continue into adulthood, and are often interrelated.

For individuals in all age groups combined, more than 60 percent of all deaths and a significant amount of acute and chronic morbidity result from only three causes: heart disease, cancer, and stroke. Again, a limited number of behaviors including tobacco use, unhealthy dietary patterns, and insufficient physical activity, contribute substantially to these three health problems. These behaviors too, are often established during youth, extend into adulthood, and are interrelated.

Once the specific behaviors that contribute to the leading causes of death and disease were identified, the CDC categorized them into the following six risk areas:

- behaviors that result in unintentional or intentional injuries
- tobacco use
- alcohol and other drug use
- sexual behaviors that result in HIV infection, other sexually transmitted diseases (STDs), and unintended pregnancies
- dietary behaviors
- physical inactivity

The Division of Adolescent and School Health, the National Center for Chronic Disease Prevention and Health Promotion, and the Centers for Disease Control and Prevention, in collaboration with representatives from 71 state and local departments of education and 19 other federal agencies, developed the survey. The original core questionnaire, completed in the fall of 1990, contained 75 multiple-choice questions.

The 2005 survey administration was the third administration in which the document included selected questions from the Nevada Safe and Drug-Free Schools and Communities Student Survey

along with core YRBS questions items related to the practice of behaviors associated with each of the six identified risk areas. 2005 also marked the third time that middle school students were surveyed using a similar, age-appropriate document and therefore provides an opportunity to compare middle school data over time.

YRBS Administration

CDC began conducting national school-based surveys in the spring of 1990. During that same year, they began offering fiscal and technical assistance to states and the 16 local departments of education that had participated in the survey development to enable them to conduct state and local school-based surveys. The national, state, and local school-based surveys are now conducted during odd-numbered years.

The data generated from the 1993 Nevada YRBS provided the first benchmark of the prevalence of certain risk behaviors practiced by Nevada adolescent youth. Subsequent YRBS results not only assess the prevalence of these behaviors, they also provide a measure of the state's progress toward achieving relevant national health objectives for the year 2010 and assist educators in focusing their instructional efforts on those areas in which students demonstrate a significant lack of information and skills necessary to make healthy choices. Because state mandates require local autonomy, priorities for school health programs are unique to each of the 17 county school districts. Therefore, it is inappropriate to use student self-reported risk-taking behavior as identified in the YRBS results to evaluate the effectiveness of statewide efforts to implement NRS 389.065 and comprehensive school health programs as supported by Assembly Concurrent Resolution No. 10.

Survey Procedure

In the fall of 2004, information regarding Nevada's participation in the 2005 Youth Risk Behavior Survey was mailed to the superintendents of Nevada's 17 school districts. A representative from the Nevada Department of Education then gave a presentation about the survey at a regular monthly Superintendents' Meeting and requested that districts update their information regarding their YRBS contact person, the type of parent permission they planned to obtain (active or passive), and whether they wished to receive local data. In January 2005, principals of all public schools in the state containing grades 6, 7, 8, 9, 10, 11, and/or 12 were notified that the sampling procedures for the March administration of the 2005 Nevada YRBS called for data to be collected from randomly sampled classes.

Classes to be surveyed were randomly selected from enrollment lists of second period classes submitted by principals of all eligible schools. Initial packets of information sent to schools included a copy of the appropriate YRBS for parent preview, a school-level information form, and parent permission/notification letters in both English and Spanish. A separate mailing included an individual envelope for each participating classroom containing YRBS booklets and answer sheets, a script for administering the survey, tracking and assurance of confidentiality forms, and a pre-addressed return envelope.

On a site-determined date during March 2005, surveys were administered during second-period classes to students who had been granted permission. Survey booklets and answer sheets, along with required documentation, were returned to the Nevada Department of Education's survey contractor upon completion.

Teachers administering the survey to students were provided with detailed written instructions to

ensure uniform survey administration across sites. Survey administration procedures were designed to help protect the privacy and confidentiality of all participating students. Student participation was voluntary. Students could decline to participate, turn in blank or incomplete survey forms, or stop completing the survey at any time. The protocols used in the YRBS ensured that participating schools did not violate any federal laws that protect students' rights and privacy.

Sample Description

All regular public schools containing grades 6, 7, 8, 9, 10, 11, and/or 12 were included in the YRBS sample. At the middle school level, the sample comprised 111 schools containing grades 6, 7, and/or 8. Some districts chose to exclude their sixth graders if they were not housed with the seventh and eighth graders. At the high school level, 83 schools containing grades 9, 10, 11, and/or 12 participated. Three high schools were determined to be ineligible.

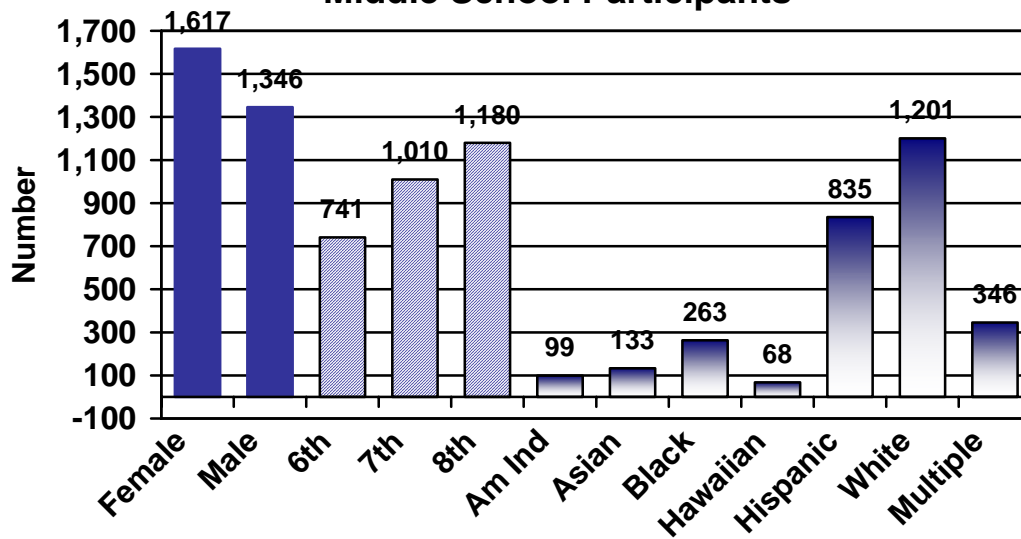
At participating middle schools and high schools, all classes in a required subject or all classes meeting during a particular period of the day, depending on the school, were included in the sampling frame. Systematic equal probability sampling with a random start was used to select classes from each school that participated in the survey.

A total of 2,564 students in the 83 high schools were selected for participation in the 99-item, multiple-choice high school YRBS. The school response rate, which is computed using school counts that are weighted by the total number of students represented by each sampled school, was 97 percent and the student response rate, based on 1,559 usable answer sheets received from the sampled students, was 61 percent. The overall response rate for the high school survey was 60 percent. (The overall response rate is computed as the product of the weighted school response rate and the weighted student response rate.) Each questionnaire was weighted to reflect the likelihood of sampling each student and to reduce bias by compensating for differing patterns of nonresponse. The weighted results can be used to make important inferences concerning the priority health-risk behaviors of all Nevada public high school students in grades 9 through 12.

The middle school sample included 7,818 students from the 111 schools who responded to the 78-item middle school version of the survey. A random sample of 2,967 surveys was drawn from these available district-level surveys to ensure that the final sample provided proportional representation of each of the state's 17 school districts. While the CDC did not weight middle school results, the relatively large sample size and adherence to CDC sampling procedures increase the likelihood that they are representative of middle school students throughout Nevada.

Demographic characteristics of the students from whom usable data were obtained are summarized by school level on page 4. Additional demographic information can be found in the complete results beginning on page 67. Survey highlights and response to individual survey items measuring the prevalence of the identified health-risk behaviors and other student practices and beliefs appear on the pages that follow.

**Demographic Characteristics of 2005 YRBS
Middle School Participants**



**Demographic Characteristics of 2005 YRBS
High School Participants**

